My friend Mr. Cobb has ingeniously made a very useful and inexpensive test-tube rack, consisting of four upright posts (the two anterior measuring 10 inches in height, the two posterior measuring 11 inches in height), joined by two cross-bars at each end (measuring 6 inches in length) and longitudinally by eight bars (four anterior and four posterior, measuring 15 inches in length). The four anterior are placed at a lower level than the posterior ones, in order to give the "rests" a slope of half an inch. Extending crosswise from the longitudinal bars there are series of "scalloped rests." Each layer will support twelve tubes, and the longitudinal bars support four layers, thus making the capacity of the rack forty-eight tubes. At the foot of each layer there is a thin foot-rest to prevent the tubes from slipping forward.

This apparatus can be modified, increasing the capacity of the rack, but the principle to be borne in mind is the slanting fixed rests made of wood and the proper distance of the tubes from the walls of the sterilizer.

The advantages of this apparatus are: 1. The proper distance from the wall of the sterilizer is secured. 2. An equal distribution of heat is secured for the tubes as nearly as possible. 3. There is an even, smooth and properly proportioned slanting surface in each tube.

I wish to thank Mr. Cobb for the interest he has taken in perfecting the apparatus, as well as Dr. J. J. Hoffman for the accompanying illustration.

BOTTLE IN THE RECTUM

ISAAC L. FIREBAUGH, M.D.
ROBINSON, ILL.

On the morning of May 31, 1909, a man, aged 46, unmarried, came into my office with this statement: "Doctor, I have a bottle in my bowels." Examination showed a large bottle, one end resting well above the sphincters in the hollow of the sacrum, while the other end could be distinctly felt through the abdominal wall just behind and beneath the navel. The patient stated that he had fallen on the bottle at 10 o'clock the night before. About the only symptoms were an irritation of the bladder, with a desire to pass water every few minutes. He was sent to the Robinson Hospital and made ready for operation.

At 10 a. m. an anesthetic was given, a catheter passed into the bladder about a dram of urine drawn, and the sphincters were widely dilated. After an ineffectual effort at extraction with the fingers a slip noose of stout tape was worked up around the body of the bottle, when by traction on the tape and the use of one blade of obstetric forceps used as a sort of vectis and as a skid over the back of the spincter muscles, the bottle was delivered intact. The bottle is 8 inches long and 7½ inches in circumference, and therefore 2½ inches in diameter. There appeared to be little or no laceration. The patient left the hospital that evening and went to work the next morning and has worked ever since.

Pubiotomy in Argentina.—E. Canton has performed the true Gigli operation in 4 and the subcutaneous operation in 20 cases, his list being the first long series of pubiotomies yet published in South America. It forms the leading article in the *Semana Medica*, of March 11, 1909, accompanied by illustrations and the details of the 24 cases. The ultimate outcome was satisfactory and there has been no incontinence or prolapse in any of the patients. All recovered but one, who succumbed during convalescence to pneumonia. All the children were delivered alive but two died soon after birth as labor had been too long under way before the patients arrived at the hospital. His verdict is most favorable.

CASE OF PURPURA FULMINANS

F. E. BERTLING, M.D.
SPOKANE, WASH.

The patient was a healthy young man, aged 18. He awoke in the morning with a severe sore throat. He used hydrogen peroxid as a gargle and went to work as usual. In the evening his throat was not much better, so he used the peroxid gargle again. The next morning I was summoned and found him with a temperature of 106 F. and a very severe membranous angina. Owing to the presence of scarlet fever in the near neighborhood, I made a provisional diagnosis of scarlet fever, but took a culture for diphtheria nevertheless. My scarlet fever diagnosis was apparently justified, for that evening there was a brilliant scarlet rash all over the neck, chest and abdomen, which by the next morning also covered the lower limbs. At noon of this day a bluish-black discoloration appeared on the upper part of each thigh and the lower part of the abdomen. The young man was delirious, his extremities were cold and the discolored area extended rapidly, the patient passing away at 4 a. m. the next morning, about seventeen hours after the first appearance of the purpuric rash and about seventy hours after the first symptoms of illness were noticed. The culture was negative for diphtheria. No autopsy could be secured.

208 Granite Block.

Longer Daylight.—There are a great many things to be said in favor of advancing the clock by one hour during the summer. The principal object is to apportion a larger part of the period of daylight to evening rest and recreation. The close of the working day is so near sunset that by the time the evening meal is over the stretch of remaining daylight is too short for any lengthy outdoor pastimes. Those who have spent part of the summer in northern latitudes, where the later sunset and longer duration of twilight combine to make the summer evenings the most delightful period of recreation, understand perfectly the motive and force of the arguments which have led to the present widespread movement in favor of a longer daylight day. The evening is the ideal time for outdoor recreation. The mind and body are relieved of the stress of the day's occupation, and the temperature is cooler. The arrangement advocated by the National Daylight Association is that from and after 2 o'clock in the morning of the first day of May in each year, until 2 o'clock in the morning of the first day of October, the standard time shall be one hour in advance of the standard time now in use. This result is to be secured by advancing the hands of the clock one hour on May 1 and moving them back one hour on October 1. The change would involve a shortening of the hours of sleep only on the last day of April. Subsequently through the summer months people would get up and retire by the clock as usual, and the regular schedule of railroads, factories and all social institutions would be maintained as before. The public would have the benefit of two or three hours of daylight after the evening meal, instead of one or two hours as under the present arrangement. Some adjustment of railroad schedules would be needed on the two days which marked the opening and close, but with those two exceptions regular schedules could be maintained. A bill before the British Parliament for a change similar to that related above has the indorsement of the Education Committee of the London County Council, of over one hundred municipal corporations and town councils, of the national convention of Royal Burghs of Scotland representing about two hundred towns, and of one hundred and thirty chambers of commerce, associations, and clubs. A similar bill is before the Canadian Parliament, and the special committee to which it was referred says that, in view of the almost unanimous support of the bill, and its facility, it should be put in force as soon as possible. It is probable that a similar bill, which has already received wide journalistic indorsement, will be introduced in France.—Abbreviated from the *Scientific American*.